

Title IV-E Reimbursement Program for Legal Services
CY _____ Fiscal Worksheet

County HSD/SSD: _____
Contact Person: _____
Telephone/Email _____/_____

Legal Service Provider: _____
Contract Person(s): _____
Telephone/Email _____/_____

Legal Services Program Budget:

Projected Expenses	Match Funds	Title IV-E CHIPS/OHC	Title IV-E TPR/Adoption	Total
Subtotals – CHIPS/OHC				
TPR/Adoption				
TOTAL EXPENSES				

Note: The Title IV-E reimbursement limit for CHIPS and Out-of-Home Care (OHC) activities is 33% of the total costs. The Title IV-E reimbursement limit for TPR and Adoption activities is limited to 40% of total costs. The IV-E limits do not apply to each line item. Line items can be funded by either 100% match, 100% IV-E, or a mix of both funds as long as the IV-E share of the total costs is within the percentage limit. Please use your best estimate in allocating expenses to TPR or Adoption. If actual expenses exceed the estimated amounts, a contract amendment can be issued during the year to modify these amounts.

1. Describe the local sources of funds used as match for the IV-E reimbursement:
2. Describe the method that will be used to keep track of legal services staff time devoted to IV-E reimbursable activities.

Indicate which types of legal services are included in the IV-E reimbursement program:

<input type="checkbox"/> CHIPS	<input type="checkbox"/> Guardianship
<input type="checkbox"/> TPR	<input type="checkbox"/> Out-of-Home Care Placements
<input type="checkbox"/> Other (describe below)	

- 2

**Title IV-E Reimbursement Program for Legal Services
Program Assurances**

Legal Services Agreement:

Has an agreement between the human/social services department and the agency providing child welfare legal services been completed? _____

What is the effective period of the agreement? _____

Date of the last update to agreement: _____

Attach a copy of the current agreement to the application.

Cost Allocation Method:

Has the method for allocating legal staff and other costs to the legal services reimbursement program been reviewed by the county human/social services agency? _____

Will the agency providing legal services report information on a regular basis to support the costs for which IV-E reimbursement is claimed? _____

Signatures:

Human/Social Services Department:

Name

Date

Title

Legal Services Agency:

Name

Date

Title